



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/483666

Filed: January 14, 2000

Examiner: G. Akers

AMENDMENT TO
PATENT APPLICATION

Art Unit: 3624

Inventor: Wilson

Title: PRE YEAR END TAX REFUND
SYSTEM

Attorney BLO1134-013
Docket:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sheri L. Burke

Sir:

In response to the Examiner's Official Action mailed March 13, 2003, Applicant
respectfully requests that the Examiner enter the following Amendment and consider the
following Remarks. Applicant respectfully requests that the Examiner reconsider and
again examine the present application and claims in light thereof.



Please type a plus sign (+) inside this box ->

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM		Application Number	09/483,666	
(to be used for all correspondence after initial filing)		Filing Date	01/14/2000	
		First Named Inventor	Wilson	
		Group Art Unit	3624	
		Examiner Name	G. Akers	
Total Number of Pages in This Submission		Attorney Docket Number		BLO1134-013

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Request for Continued Examination; Amendment; postcard filing receipt and check</div>	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carol G. Stovsky
Signature	<i>Carol G. Stovsky</i>
Date	June 13, 2003

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Typed or printed name	Sheri L. Burke
Signature	<i>Sheri L. Burke</i>
Date	June 13, 2003

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